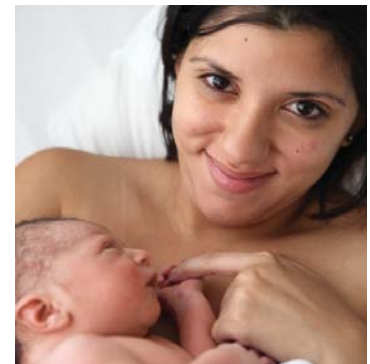


# Maternity Care Matters

## Overcoming Barriers to Breastfeeding

A Policy Update on California Breastfeeding and Hospital Performance  
Produced by California WIC Association and the UC Davis Human Lactation Center

### Orange County



#### BREASTFEEDING CAN REDUCE HEALTH DISPARITIES

- Breastfeeding is a crucial first step in protecting the health of mothers and infants; hospital policies and practices have an enormous impact on infant-feeding success.<sup>1</sup>
- Hospitals that have instituted Baby-Friendly practices have the highest rates of breastfeeding.<sup>2,3</sup> These evidence-based reforms must reach hospitals serving the state's poorest families.
- The Joint Commission and state and federal agencies are monitoring breastfeeding rates and obstetric interventions in California hospitals; outdated institutional policies that create disparities in health care are no longer acceptable.

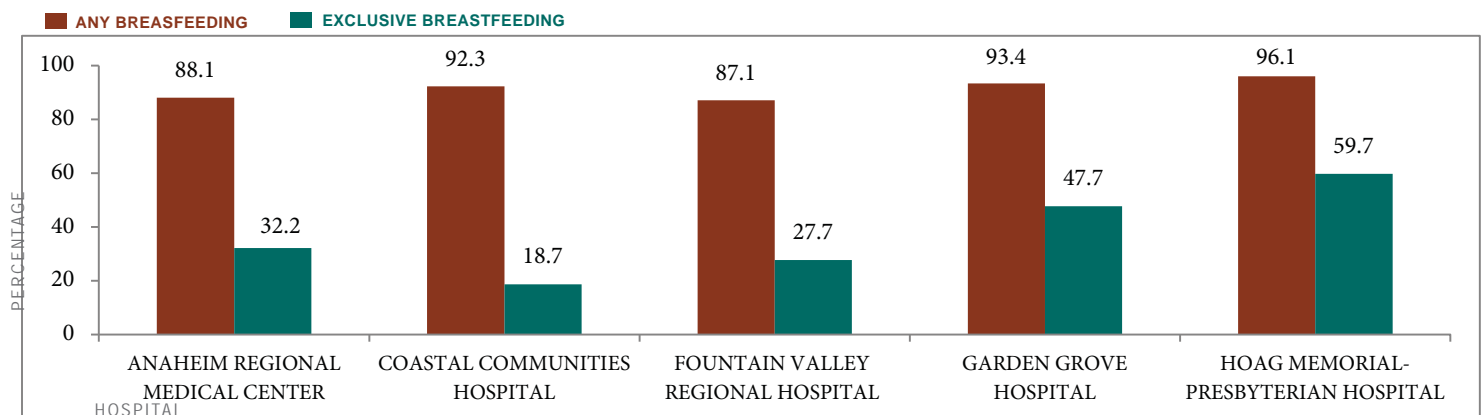
#### BABY-FRIENDLY HOSPITALS SUPPORT MOTHERS AND PROTECT BABIES

- Although more than 90 percent of California mothers begin breastfeeding during their hospital stay,<sup>4</sup> hospital practices can discourage or prevent mothers from continuing to breastfeed by:<sup>3, 5-8</sup>
  - Failing to provide skilled support
  - Separating mothers from their babies
  - Delaying the first feeding
  - Routinely providing formula supplementation, even for infants whose mothers intended to breastfeed exclusively
- All California hospitals need to implement the Baby-Friendly Hospital Initiative policies or California's Model Hospital policies to support breastfeeding.

*Continued on page 3*

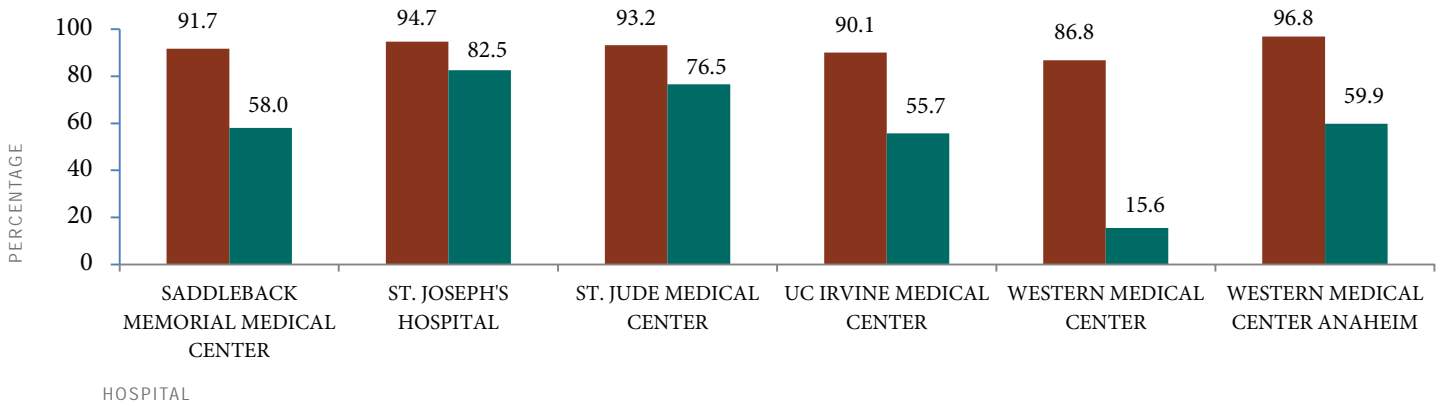
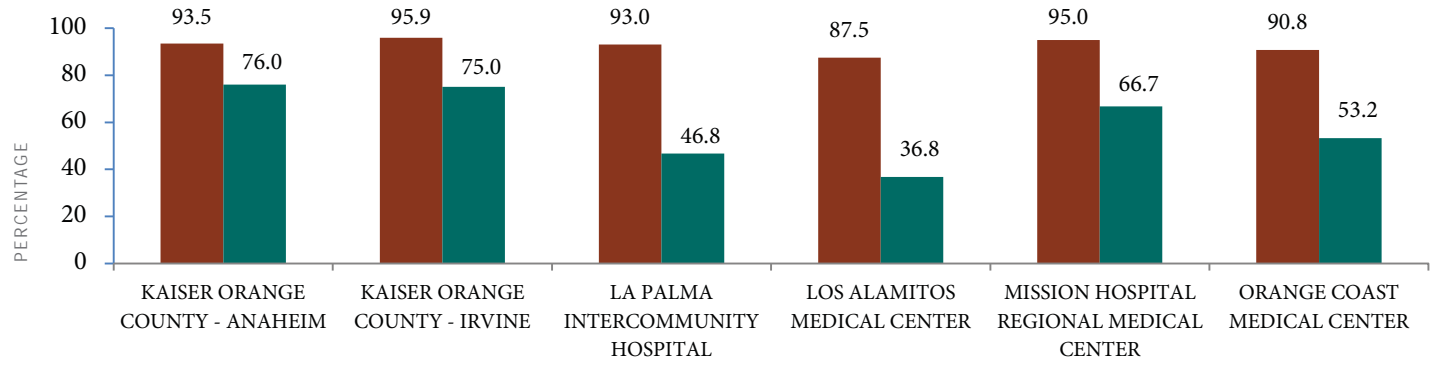
The UC Davis Human Lactation Center used data from the California Department of Public Health Genetic Disease Screening Program to create the following charts showing in-hospital breastfeeding rates.

Orange County In-Hospital Breastfeeding Rates, 2010



# Orange County In-Hospital Breastfeeding Rates, 2010

■ ANY BREASTFEEDING ■ EXCLUSIVE BREASTFEEDING



## BARRIERS TO POLICY IMPROVEMENT CAN BE OVERCOME

- Recent state and federal policy benchmarks confirm growing public expectation that hospital environments should fully support breastfeeding.
- The number of Baby-Friendly hospitals in California has increased dramatically, from only 12 in 2006 to 47 in early 2012, yet only about 18 percent of the hospitals in the state are Baby-Friendly. More work is needed to ensure that all hospitals are providing the best possible care to mothers and babies.
- The Baby-Friendly Hospital Initiative focuses on ten hospital policies, or “steps,” designed to reduce barriers to exclusive breastfeeding ([www.babyfriendlyusa.org](http://www.babyfriendlyusa.org)).

*Baby-Friendly hospitals have high breastfeeding rates no matter what populations they serve.*

- The Joint Commission, an organization that accredits and certifies hospitals, adopted the Perinatal Care Core Measures in 2010. This set of five measures includes rates of exclusive breast milk feeding, as well as elective deliveries and cesarean sections, which may affect in-hospital breastfeeding rates ([www.jointcommission.org/perinatal\\_care/](http://www.jointcommission.org/perinatal_care/)).
- Hospital policies that do not directly support exclusive breastfeeding are not only outdated, but fail to reflect what is now considered standard, high-quality care.

### Orange County Breastfeeding and Hospital Performance

- **County average breastfeeding rates:**  
Any – 92.7% Exclusive – 55.6%
- **Ranked 37th in the state for exclusive breastfeeding**
- **Two hospitals among the 15 lowest-scoring in the state for exclusive breastfeeding rates: Coastal Communities Hospital, Western Medical Center, Santa Ana**
- **Five Baby-Friendly Hospitals: Hoag Memorial-Presbyterian Hospital, Kaiser Anaheim, Kaiser Irvine, St. Joseph’s Hospital, St. Jude Medical Center**

**DATA SOURCE:** California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2010.

#### NOTES:

- All nonmilitary hospitals providing maternity services are required to complete the Newborn Screening Test Form. Analysis limited to cases reported on the Newborn Screening Test Form [Version NBS-I(D) (12/08)], representing approximately 99% of all cases. Infant-feeding data presented in this report include all feedings since birth to time of specimen collection, usually 24 to 48 hours since birth. Upon completing the form, staff must select from the following three categories to describe ‘all feeding since birth’: (1) Only Human Milk; (2) Only Formula; (3) Human Milk & Formula.
- The numerator for “Exclusive Breastfeeding” includes records marked “Only Human Milk.” The numerator for “Any Breastfeeding” includes records marked “Only Human Milk” or “Human Milk & Formula.” The denominator excludes cases with unknown method of feeding and those receiving TPN at time of specimen collection. Statewide, approximately 2.5% of cases have missing feeding information and/or are on TPN at time of specimen collection.
- Excludes data for infants who were in an Neonatal Intensive Care Unit (NICU) nursery at the time of specimen collection.
- Excludes cases that were not collected by facilities listed as “Kaiser” and/or “Regular” maternity hospitals in the newborn screening database.

#### REFERENCES:

1. Centers for Disease Control and Prevention. Vital Signs: Hospital Practices to Support Breastfeeding - United States, 2007-2009. MMWR 2011;60:1020-1025.
2. Bartick M, Stuebe A, Shealy KR, et al. Closing the quality gap: promoting evidence-based breastfeeding care in the hospital. Pediatrics 2009;124:e793-e802.
3. Cramton R, Zain-UI-Abideen M, Whalen, B. Optimizing successful breastfeeding in the newborn. Curr Opin Pediatr 2009;21:386-396.
4. California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2010. [www.cdph.ca.gov/breastfeedingdata](http://www.cdph.ca.gov/breastfeedingdata).
5. Ahluwalia IB, Morrow B, D’Angelo D, Li R. Maternity care practices and breastfeeding experiences of women in different racial and ethnic groups: pregnancy risk assessment and monitoring system (PRAMS). Matern Child Health J 2011;[Epub ahead of print].
6. Howard CR, Howard FM, Lanphear B, et al. Randomized clinical trial of pacifier use and bottlefeeding or cupfeeding and their effect on breastfeeding. Pediatrics 2003;111:511-518.
7. Gagnon AJ, Leduc G, Waghorn K, et al. In-hospital formula supplementation of healthy breastfeeding newborns. J Hum Lact 2005;21:397-405.
8. DiGirolamo AM, Manninen DL, Cohen JH, et al. Breastfeeding-related maternity practices at hospitals and birth centers—United States, 2007. MMWR 2008;57:621-625.

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